

License Application: Massage and Bodywork Establishments

A business which offers massages for customers and Zoning approval is required for all Massage and Bodywork Establishments. Call 311 to verify your location is approved for a massage business.

We do not license massage therapists, just businesses.

Massage and bodywork: Any method of using hands or devices to

- apply pressure on or friction against
- rub, stroke, knead, tap or roll external parts of the body

It may include the use of

- rubbing (isopropyl) alcohol, liniment, ointment
- antiseptic oil, powder, cream or lotion

It includes, but is not limited to many manual therapies, such as

- Asian bodywork therapies
- massage therapy
- movement therapies

A license is not required for:

- chiropractic or physical therapy
- surgery, osteopathy, or podiatry

Massage therapist: An individual who provides massage and bodywork services. Examples include:

- Single operators who own their own massage business. A Single Operator Massage license is required.
- Employees who are paid by the massage business. No license is required.
- Independent contractors who do not rent space but are paid for their services by a massage business. No license is required.

The following need a license:

Commercial Massage and Bodywork Establishments have one or more massage therapists. They can be employees or independent contractors. The license is issued for only one location. Examples:

- a company specializing in massage services
- a hair salon that offers massage services
- an athletic club or hotel with massage services

Home-Based Massage and Bodywork Establishments offer massage services from an individual's home. The license is only issued for that location. The business can only have one employee who doesn't live in the home.

Single Operator Massage and Bodywork Establishments are owned and operated by one individual. They provide massage services from a rented office, studio or room. Single operators may not have other massage therapist employees or independent contractors. The license is issued for that one location. Examples include:

- A massage therapist working in a studio/office space by themselves.
- A spa/salon that has one or more single operators in one business location. These therapists are not employed or paid by the spa/salon owner. The single operators rent space from the owner.

1. Application requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email businesslicenses@minneapolismn.gov, US mail, or drop it off at our office.
2. There is a [fee](#), plus a new license processing charge, for this application. You can pay by
 - Cash:** Do not mail cash, must drop off in person.
 - Check:** Make checks payable to- Minneapolis Finance Department
 - Credit card:** Mail, drop off or email your application to businesslicenses@minneapolismn.gov. **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. **Floor plan-** detailed scaled diagram with square footage showing the design of the premises to be licensed. Include the location of the building(s), the portion of the building or room intended to be used for massages, layout of rooms, lobby, bathrooms, sinks, and including all room furnishings (tables, chairs, lights, cabinets).
4. **Source of funds.** (form #1) Provide documents showing the source of funds to begin operating the business. Include all expenses (equipment, payroll, etc.) and any financial resources like bank statements, credit/loan documents.
5. **Business Plan for massage and bodywork establishments** (form #2)
6. **Personal Information Form** (Form #3) Attach a completed form from the applicant, each owner, partner, officer, shareholder and manager of the business.
7. **Resume** or summary of your previous experience in a massage and bodywork business or similar business.
8. **Background information-** each owner, partner, shareholder, directors and manager must complete and submit:
 - Data Privacy form** (form #2)
 - Photo ID-** copy of valid driver's license or government issued photo ID
 - Background report-** This report must be dated **within 30 days** of receipt of this application and is available from the State of Minnesota Bureau of Criminal Apprehension or call 651-793-2400
9. **Ownership information-** submit required documents for your type of business
 - Sole Proprietor: provide a copy of certificate of assumed trade name from Secretary of State.
 - Partnership or Shareholder: provide a copy of the signed and executed partnership agreement.
 - Corporation: provide a copy of the Certificate of Incorporation, Articles of Incorporation and bylaws.
10. **Lease agreement-** Attach a signed, valid lease agreement, Bill of Sale, Purchase Agreement, Contract for Deed, loan agreement, and/or promissory note for the building or business.
 - I don't rent or lease space for my massage business.
11. **Sewer Availability Charge (SAC):** The Metropolitan Council charges a fee for new or upgraded sewer connections. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
 - Attach a copy of your SAC Determination Letter.
 - Not needed- this is a Home-Based Massage Establishment

2. Applicant information

Legal company name		Business name/DBA		
Name (Last, First, MI)		<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On site manager		
Message business address	Suite number	City	State	Zip code
Mailing address (if different than business address)		City	State	Zip code
E-mail address		Cell phone number	Business telephone number	
Minnesota sales tax ID number <i>(Required)</i>		Social Security number or Individual Tax ID (ITIN) <i>(Required)</i>		
Type of ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-profit		Date of incorporation	State of incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Proposed starting date:		

- Type of massage business-
- Commercial Massage and Bodywork
- Home-Based Massage and Bodywork
- Single Operator Massage and Bodywork

3. Building information

<input type="checkbox"/> Starting a new business in a new building. <input type="checkbox"/> Starting a new business in an existing building. <input type="checkbox"/> Changing or adding equipment. <input type="checkbox"/> Remodeling only.	<input type="checkbox"/> Adding another license to an existing business. Name of business: _____ <input type="checkbox"/> Taking over a current business. Name of current business: _____
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If you are opening or converting a space into a new massage business, you will have to complete a Massage Plan Review form. Contact 612-673-3000 or email EnvironmentalHealthPermit@minneapolismn.gov

Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of contractor or building manager
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Explain the type of remodeling or construction.

4. Owners

List all owners, shareholders and partners. Ownership must add up to 100%, use additional paper if needed.

Full name: last, first, middle		Telephone	
Home address	City	State	Zip code

Title	Date of birth	Ownership %	
Full name: last, first, middle		Telephone	
Home address	City	State	Zip code
Title	Date of birth	Ownership %	
Full name: last, first, middle		Telephone	
Home address	City	State	Zip code
Title	Date of birth	Ownership %	
Full name: last, first, middle		Telephone	
Home address	City	State	Zip code
Title	Date of birth	Ownership %	

5. Company operations

List days and hours of operation (can't be open between 10pm and 6am)

Total square footage for business use:

Give a description of your business and type of services offered.

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity? No Yes
 If Yes, list the date of denial/revocation, city and state, and reason for denial or revocation.

6. Workers compensation

Workers' compensation company	Policy number	Dates of coverage
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-----Or-----

I certify that I am not required to carry workers compensation insurance because

- I am the only worker, and I have no employees.
- I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

7. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by City of Minneapolis. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of applicant _____ Title _____ Date _____

8. Additional information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. If you need additional licenses, you will need to complete the applications and will be charged additional licensing fees.
4. Visit the City's website- www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/

For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

Documenting the source of funds for the business venture is one of the more important aspects of completing a license application. It is important that all financial information related to business start-up is completely documented and verifiable by the City of Minneapolis. Applications will not be processed without complete information about the costs and source of funds for your proposed business. **Your Inspector will notify you of the documentation you need to submit for your sources of financing.**

Costs Reporting Form: required

Attach the Costs Reporting Form that lists all costs for starting the business. City staff has the right to request documentation for listed expenses and revenues as well as any unlisted expenses/revenues they feel is related to this application.

1. Tax records: required

Attach last two years of completed and filed tax forms for each applicant and individual providing funding for the business venture or corporate tax records, if applicable. **If taxes are owed, provide payment plan or proof they have been paid.**

2. Bank statements: required

Attach copies of last three months of full official bank statements that show the money being used is available in that first month's statement.

3. Loans from the lending institution

- Attach a signed copy of the loan closing documents that clearly sets forth the amount being tendered to the borrower and a copy of any accompanying promissory note; or
- Individuals may be eligible for a loan, but approval may be delayed until a license is granted. A letter of loan commitment from the lending institution setting forth the amount of the loan must be submitted along with a pledge from the applicant that the loan closing documentation shall be submitted upon its completion.
- N/A

4. Loans from individuals- Applicants may obtain personal loans from relatives or other individuals. The loaning individual must provide the same documentation of the source(s) of these funds as required by the license applicant. For example, if you receive a \$2,000 loan from a parent, the applicant must attach all the source of funds for the parent's \$2,000 as well as their tax records.

- Attach a copy of each lender's source of funds- bank statements, loan closing documents and tax records
 - Attach a notarized statement regarding the terms of the loan; states that the lender has no operational, financial or management interest in the business; the terms of the loan are independent of the business; and at no time in the future will the lender have a financial, operational, or management interest in the business.
- If there is any such involvement in the business, it will only be valid if the lender and applicant go through the appropriate city licensing process.
- N/A

5. Landlord construction or other credit/financing - A landlord providing construction or financing will be required to show the same documentation of the source of these funds as the license applicant. If funds are taken from a business account, city staff can accept corporate account statements in lieu of the landlord's personal accounts.

- Attach a copy of the loan closing document(s) and copies of any accompanying promissory note(s); and
- Attach a statement about payment terms.
- N/A

Acknowledgement

I (printed name) _____ understand that city staff have the right to request other documentation they feel is necessary to properly verify the source of funds for the business venture. Failure to document costs or the source of funds for expenses will result in the denial of this license application. Any errors detected after the issuance of the license may be grounds for license revocation. After approval by the City Council, documentation in this license file becomes public data and is open for review by anyone upon request. Public data includes, but is not limited to, financial statements, tax records and other personal records contained in the license file. Public data will not include Social Security numbers and account numbers. By typing your name, you are electronically signing this application.

Signature _____ Title _____ Date _____

Source of funds cost reporting form

An applicant must report all costs and sources of the money related with applying for this license, demonstrating adequate and legal sources of the funds. Use the form below to list all costs and attach more sheets if needed.

Your Inspector will notify you of the documentation you need to submit for your sources of financing.

Applicant's name: _____		Business name: _____	
Building costs- lease, equipment purchases, down payments, asset agreement, etc.			
\$ _____ for _____			
\$ _____ for _____		Subtotal \$ _____	
Construction costs- equipment, installation, remodeling, permits, etc.			
\$ _____ for _____			
\$ _____ for _____		Subtotal \$ _____	
Professional - attorney fees, architect fees, consultant fees, etc.			
\$ _____ for _____			
\$ _____ for _____		Subtotal \$ _____	
Startup costs- insurance, license fees, inventory, furniture, massage equipment, etc.			
\$ _____ for _____			
\$ _____ for _____		Subtotal \$ _____	
Other costs- payroll, SAC charges, training, security, etc.			
\$ _____ for _____			
\$ _____ for _____		Subtotal \$ _____	
Total cost for starting the business			\$ _____

Complete documentation below-

Applicant's name:		Business trade name (DBA):	
Total cost amount to start the business (from items listed above):			
	Fund source	Amount	Documentation
	TOTAL:		

Sample documentation-

Applicant's name: A. A. Smith, LLC		Business trade name (DBA): The Quiet Massage	
Total Cost to Start the Business (from items listed above.) \$5,000			
	Fund source	Amount	Documentation
	Savings account money	\$2,000	Wells Fargo savings account #123400
	Bank loan	\$1,000	Loan closing documents from First Bank and Trust
	Loan from family member	\$2,000	Wings Credit Union savings account #122222 Complete tax records for 2023 and 2022 Notarized statement of loan terms
	TOTAL:	\$5,000	

Business Plan Requirements Massage and Bodywork Establishments

#2

Your business plan must provide a detailed description of your business operations as required under Minneapolis Code of Ordinances, Chapter 286.60. Please include the following information, and attach additional documents as needed.

1. Services

- Provide a detailed description of your business.
- Include a list of services and what you charge for each one.

2. Policies

Attach your policy for-

- Preventing and/or reporting illicit/illegal activity.
- Properly identifying that customers are 18 years of age or older.
- Providing services for customers who are less than 18 years old.

3. Consent form

- Copy of consent form that is used and signed by a parent or legal guardian when you have a customer under 18 years old.

4. Hours of operation

- List the hours for every day of the week.

5. Owner's massage and bodywork background information

- Attach any disciplinary action recorded by the Office of Unlicensed Complementary and Alternative Health Care Practice in the Minnesota Department of Health, Health Occupations Program or other state massage program.

or

- Attach a statement that you have not had any disciplinary action recorded by the Office of Unlicensed Complementary and Alternative Health Care Practice in the Minnesota Department of Health, Health Occupations Program or similar massage programs.

6. Advertising

- Attach a list of all the sites and websites you will advertise, such as social media, website, flyers, coupons, etc. Include your website links.

Acknowledgement and agreement

I, (print name) _____, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

the attached business plan addresses all items listed above, includes complete documentation, and is a true and correct ;

any changes to the business plan must be submitted to and approved before you make the changes and

violation of this business plan may result in suspension, revocation, refusal to renew the license or a civil fine as determined by the Minneapolis City Council.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

By typing your name, you are electronically signing this application.

Signature _____ Title _____ Date _____

Personal Information Form

Massage License

#3

This form must be completed by each of the following:

- On-Site manager(s)
- Owners, partners, corporate officers, and anyone in the corporation who has a financial interest in the business.

Background information					
Legal corporate name of business			Trade name of business (DBA)		
Street address of licensed premises	Suite number	Zip code	Business phone number	Your cell phone number	
Your full name (First, Middle, Last)			First, middle, or last names you have ever used or been known by		
Email address		Title		% of ownership	
List your home address for the past ten (10) years. Attach additional sheets if needed.					
Street address		City	State	Zip	From: To:
List employers, occupations, and addresses for the past ten (10) years. Attach additional sheets if needed.					
Employer and occupation		Street address and city		State	Zip From: To:
Have you ever had a license denied, revoked, or suspended? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list the type of license, location, date of denial, revocation or suspension, and reason for denial, revocation, or suspension.					
Have you had any disciplinary action recorded by the Office of Unlicensed Complementary and Alternative Health Care Practice in the Minnesota Department of Health, Health Occupations Program, Massage Programs and/or from other similar state or federal agencies. <input type="checkbox"/> No <input type="checkbox"/> Yes, list details below-					

Have you or your spouse ever been convicted of any city ordinance violation, liquor law violation, petty misdemeanor, misdemeanor, gross misdemeanor, or felony? This includes both civil and criminal offenses, including Liquor Control penalties, state, local, and federal offenses. Do not include parking violations.

No Yes, list details below-

Offense	Fine/penalty	City and state	Date

Data privacy advisory

The Minnesota Data Practices Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed. The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit and/or the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

Verification

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A signature is required.

I have read and understand the above Data Practices Advisory.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information given is subject to verification by City of Minneapolis. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of applicant _____ Title _____ Date _____

City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

Data Privacy Advisory

Complete the information below and attach the following for each owner, officer, partner and manager:

- A copy of your driver's license or state identification card
- Background Report: This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400.

The Minnesota Data Practices Act requires us to tell you the following information:

As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application.

The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

Authorization for release of information

Last name	First name	Middle name
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Other names you used: _____ Date of birth: _____

Title: _____

- I have read and understand the above Data Privacy Advisory.
 - I have read and agree to the [Terms and Conditions](#) for electronic signatures.
- By typing your name, you are electronically signing this form.

Signature: _____ Date: _____